

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS						SERIAL NO.	FILING DATE		
						APPLICANT(S)	09/914889		
	AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	IND.	DEP.	IND.	DEP.
1	1					51			
2	2					52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
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24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32	1					82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TAL	1					TOTAL IND.			
TAL	2					TOTAL DEP.			
TAL	3					TOTAL CLAIMS			

5-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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